Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	June 23, 2008	Address:	SR 3@Carroll Road
Case #:	22F43 <u>285</u>		Fort Wayne, IN
County:	Allen		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation Chemic Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lishium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): One pot reaction-open			
☐ Yes _ ☑ No *If yes, fax o	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrir ☐ Retail/M ☑ Othen:lar	ve Information ne/Pseudoephedrine Tracking Log lerchant Tip wenforcement
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	rtmeni: <u>Fort Wayne</u>		0-427 -1<u>277</u> 0-427-1391
Health Department: Allen County		l'ax:	0 <u>-427-1391</u> —
Child Prot	ection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jeremy Woods</u> Phone <u>765-369-2561</u> Phone <u>765-369-2561</u> Phone Testing Services Department			

This form is to be faxed to the Fire Department, Health Department and/or Child Protectiv listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.